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Structural violence in the era of a new pandemic: the case of the Gaza Strip

"Hope for improving health and quality of life of Palestinians will exist only once people recognise that the structural and political conditions that they endure...are the key determinants of [Palestinian] population health."¹

As the world is consumed by the spread of coronavirus disease 2019 (COVID-19), it should be of no surprise that epidemics (and indeed, pandemics) are disproportionately violent to populations burdened by poverty, military occupation, discrimination, and institutionalised oppression.² Structural violence rooted in historical, political, and social injustices determines health patterns and creates vulnerabilities that hamper the effective prevention, detection, and response to communicable disease outbreaks. In the occupied Gaza Strip, the convergence of these forces in the era of a pandemic have the potential to devastate one of the world's most vulnerable populations.^{2,3}

The colonial fragmentation of the Palestinian people and their health systems, combined with a neoliberal development framework implemented during the past decades, has created a profound dependency on aid, placing health care at the mercy of increasingly restrictive international donor politics.^{4,5} Since 2007, Israel has imposed a crippling land, air, and sea blockade over the Gaza Strip's 2 million Palestinians, 1.4 million of whom are refugees,⁶ subjecting them to extreme crowding in one of the world's most densely populated regions.⁷

As a result, the Gaza Strip faces high levels of poverty, unemployment, food insecurity, and lacks sufficient clean water^{5,8} while the blockade disrupts medical supply chains, curtails the movement of patients and health workers, and severely inhibits medical capacity-building and public health development.⁹ Preventive measures

and containment of COVID-19 will be extremely difficult now that the pandemic has reached the Gaza Strip. While prisoners in Iran¹⁰ and elsewhere are temporarily being released to protect them from contained spread, for Palestinians, living in what is described as the largest open-air prison in the world,¹¹ there is nowhere to go—unless, of course, they are granted their legal and moral right of return.¹²

Guided by our moral values and professional obligations, the international community must act now to end structural violence by confronting the historical and political forces entrenching a cyclical, violent, and mutable reality for Palestinians.¹³ A COVID-19 pandemic that further cripples the Gaza Strip's health-care system should not be viewed as an inevitable biomedical phenomenon experienced equally by the world's population, but as a preventable biosocial injustice rooted in decades of Israeli oppression and international complicity in the struggle for the health, fundamental rights, and self-determination of all Palestinians.

We declare no competing interests.

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